

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
						CLAIMS					
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1	/						51				
2	/						52				
3	/						53				
4	2						54				
5	2						55				
6	2						56				
7	2						57				
8	1						58				
9	2						59				
10	2						60				
11							61				
12							62				
13							63				
14							64				
15							65				
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37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1						TOTAL IND.				
TOTAL DEP.	16	←	←	←			TOTAL DEP.	←	←	←	
TOTAL CLAIMS	17	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	TOTAL CLAIMS	[REDACTED]	[REDACTED]	[REDACTED]	